



Kentucky Transportation Cabinet
Division of Right of Way & Utilities
CHANGE ORDER

TC 69-004
08/2010
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GENERAL ROAD PROJECT INFORMATION

(This section is as defined in the contract as executed)

County: _____
Federal Number (if applicable): _____
State Number: _____
Route/Road Name: _____
Item or AAR-DOT Number: _____

COMPANY INFORMATION

Company Name: _____
Company Contact Name: _____
Company Address (as identified in the Contract):

Change Order No. _____ Contract Number: _____ Contract Type: _____
ex: P02 xxx xxxxxxxxxxxx

PROPOSED CHANGES IN CONNECTION WITH UTILITY CONTRACT (use page two for more than three proposed changes):

Line	Description of item needed	Units	Quantity	Unit Price	Increase	Decrease
1				\$	\$	\$
2				\$	\$	\$
3				\$	\$	\$
Totals from page 2					\$	\$
Net increase or decrease					\$	\$
Contract participating percentage ____% applied					\$	\$

REASON FOR PROPOSED CHANGES In order to approve this change order, the Cabinet needs documentation justifying the additional expense. This section is intended to provide a summary. Fully detailed backup documentation must be provided and attached to this form. (**Additional space is provided on Page 2 for explanation**):

IF APPROVED BY THE TRANSPORTATION CABINET, THE UNDERSIGNED COMPANY AGREES TO DO THE WORK OUTLINED ABOVE, AND TO ACCEPT, AS PAYMENT IN FULL, THE BASIS OF PAYMENT SET FORTH HEREIN.

COMPANY NAME _____

Authorized Representative Signature _____ Date _____

FOR CABINET USE ONLY:

Recommended: District Utility Agent _____ Date _____

Recommended: Highway Chief District Engineer _____ Date _____

Recommended: T.E.B.M., Utilities and Rails Branch _____ Date _____

Approved: Director, Division of Right of Way & Utilities _____ Date _____

SUBMIT THIS FORM TO DISTRICT UTILITY SUPERVISOR IN TRIPLICATE
(<http://transportation.ky.gov/district.htm>)



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SUPPLEMENTARY LIST OF PROPOSED CHANGES IN CONNECTION WITH UTILITY CONTRACT:

Line	Description of item needed	Units	Quantity	Unit Price	Increase	Decrease
4				\$	\$	\$
5				\$	\$	\$
6				\$	\$	\$
7				\$	\$	\$
8				\$	\$	\$
9				\$	\$	\$
10				\$	\$	\$
11				\$	\$	\$
12				\$	\$	\$
13				\$	\$	\$
14				\$	\$	\$
15				\$	\$	\$
16				\$	\$	\$
17				\$	\$	\$
18				\$	\$	\$
TOTALS (transfer to page 1)					\$	\$

SUPPLEMENTARY REASON FOR PROPOSED CHANGES In order to approve this change order, the Cabinet needs documentation justifying the additional expense. This section is intended to provide a summary. Fully detailed backup documentation must be provided and attached to this form.:

**This section is only needed if any information is
entered on page 2**

COMPANY VALIDATION:

I accept the certification terms on page 1 in reference
to the work performed as defined on page 1.

Initial: _____

Date: _____

